

**Transportation Summary of Benefits**  
**Dated, March 2007**

<b>Service</b>	<b>Code</b>	<b>Covered</b>	<b>Excluded</b>	<b>Special Instructions</b>
Abortion	50	X		
Adult Day Care	80	X		
Alcohol Abuse Evaluation to Enter Treatment	01	X		
<b>Alcoholics Anonymous Meetings</b>	<b>81</b>		<b>X</b>	
Alcohol Rehabilitation	82	X		
Allergy (doctor visits, testing and injections)	02	X		
<b>Alternative Health Care (e.g. acupuncture)</b>	<b>79</b>		<b>X</b>	
Cardiac Rehab	35	X		
Chemotherapy	34	X		
Chiropractor	83	X		
<b>Cosmetic Surgery</b>	<b>86</b>		<b>X</b>	
Counselor (specify any limits)	29	X		
Court Ordered Exams or appointments	52	X		
Dental Exams	44	X		
Dental Services (other than exams)	03	X		
Diabetic Supplies and Education	33	X		
Dialysis	04	X		
Drug Abuse Evaluation to Enter Treatment	05	X		
Drug Rehabilitation	53	X		
Durable Medical Equipment	06	X		
<b>Experimental Medical Procedures/Drugs</b>	<b>87</b>		<b>X</b>	
Family Planning Clinic Services	07	X		
Federally Qualified Health Centers (FQHC)	65	X		
Foot Care (Routine)	24	X		
Group Therapy (specify any limits)	54	X		
Hearing Aids (testing, fitting, repairs)	08	X		
Health Department(s), Statewide	84	X		Clinical/Medical Services Only
Hospital - Admission	09	X		
Hospital - Discharge	10	X		
Hospital - Outpatient services	12	X		
Hospital to Hospital	11	X		
Hospital Visitation (i.e. mom to see newborn)	36	X		
Immunizations	13	X		
<b>Infertility Services</b>	<b>55</b>		<b>X</b>	
Laboratory Services	14	X		
Lamaze Classes (or similar birthing class)	56	X		
Lead Screening/Testing	37	X		
Mammogram	38	X		
Nursing Home to Nursing Home	39	X		
OB/GYN services	40	X		
Occupational Therapy (specify any limits)	15	X		
Optical - Contact Lenses	16	X		
Optical - Exams	67	X		
Optical - Eyeglasses	17	X		
Orthodontics	57	X		
Orthotic Services	18	X		
Pain Management	20	X		
Pediatric Services	48	X		

Pharmacy	21	X		
Physical Therapy (specify any limits)	46	X		
Physician Services	22	X		
Podiatry	23	X		
Prosthetic services	24	X		
Psychiatric Facility	27	X		
Psychiatric Services	92	X		
Psychiatrist (specify any limits)	28	X		
Psychologist (specify any limits)	58	X		
Radiation Treatments	91	X		
Radiology Services (X-rays, MRI)	41	X		
Rehabilitation Services (specify any limits)	42	X		
Rural Health Clinic Services (RHC)	59	X		
<b>Self Help Group Meetings</b>	<b>30</b>		<b>X</b>	
Smoking Cessation	93	X		
<b>Social Security Office (SSI)</b>	<b>62</b>		<b>X</b>	
Social Worker (specify any limits)	31	X		
Speech Therapy (specify any limits)	94	X		
SSI Determination Medical Appointment	96	X		
<b>Support Groups</b>	<b>63</b>		<b>X</b>	
Transplant Services	43	X		
Transportation from Urgent Care Facility	61	X		
Transportation to Urgent Care Facility	60	X		
Vision/Hearing Screenings	47	X		
<b>Vocational Rehabilitation</b>	<b>98</b>		<b>X</b>	
<b>Weight Control Programs</b>	<b>66</b>		<b>X</b>	
<b>WIC Appointments – After Pregnancy</b>	<b>64</b>		<b>X</b>	
<b>WIC Appointments – During Pregnancy</b>	<b>99</b>		<b>X</b>	
<b>OTHER NON-COVERED SERVICES</b>			<b>X</b>	
<b>Non-Medicaid Medical Service</b>			<b>X</b>	
<b>Non-Medicaid Eligible Individual</b>			<b>X</b>	
<b>Transport For Eligibility Determination</b>			<b>X</b>	
<b>Coupon of Any Issuer or Type</b>			<b>X</b>	
<b>VA-Based Medical Service</b>			<b>X</b>	
<b>Ancillary VR or Related Service</b>			<b>X</b>	